



Membership Application

Please note that all information here is strictly for the use of the Co-op in evaluating your request for membership and will be kept confidential. Your application is kept on file for one (1) year and it is your responsibility to reapply once the year has passed.

Answer the following form completely and in as much detail as possible.

Applicant Name:	
Current Mailing Address:	
Home Phone:	
Cell/Work Phone:	

Co-Applicant Name:	
Current Mailing Address:	
Home Phone:	
Cell/Work Phone:	

OCCUPANT INFORMATION (complete for all members of the household, including Applicant and Co-Applicant)

Surname	First Name	Date of Birth (YYYY-MM-DD)

Do you have any health problems and/or special needs which affect your housing requirements?

YES _____ NO _____ If yes, please explain _____



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APPLICANT REFERENCES (No Relatives):

Name	Address	Phone Number & E-mail address

CO-APPLICANT REFERENCES (No Relatives):

Name	Address	Phone Number & E-mail address

PARTICIPATION

All Co-op members are expected to participate in some aspect of the co-op's management/daily running. These committees will be headed by a board member, and will be to help with the daily running of the Co-op. Please indicate your areas of interest:

Membership Committee: Applicant _____ Co-Applicant _____
 Finance Committee: Applicant _____ Co-Applicant _____
 Maintenance Committee: Applicant _____ Co-Applicant _____
 Social Committee: Applicant _____ Co-Applicant _____
 Education Committee: Applicant _____ Co-Applicant _____

Do you have any special skills or interests that you could contribute to the Co-op? Please specify:

Have you ever been involved in any other Co-op or any organization run by volunteers? If yes, please specify:



Do you have any family, friends or relations currently residing at Lorentchia Housing Co-operative?

Applicant: YES: _____ NO _____

Co-Applicant: YES: _____ NO _____

If yes, please state who, and what relation: _____

EMPLOYMENT INFORMATION

	APPLICANT	CO-APPLICANT
OCCUPATION		
EMPLOYER'S NAME		
LENGTH OF TIME EMPLOYED		
May we use them as a reference?	YES NO	YES NO

FINANCIAL INFORMATION

	APPLICANT	CO-APPLICANT
INCOME (before taxes)	\$	\$
OTHER SOURCES OF INCOME (list below)	APPLICANT	CO-APPLICANT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL INCOME:	\$	\$



OTHER INFORMATION

	APPLICANT	CO-APPLICANT
BANK		
BANK ADDRESS		

	APPLICANT	CO-APPLICANT
PRESENT LANDLORD		
ADDRESS		
PHONE NUMBER		
LENGTH OF STAY		
CURRENT RENT PRICE		
REASON FOR LEAVING		
MAY WE USE THEM AS A REFERENCE	YES NO	YES NO

	APPLICANT	CO-APPLICANT
PREVIOUS LANDLORD		
ADDRESS		
PHONE NUMBER		
LENGTH OF STAY		
CURRENT RENT PRICE		
REASON FOR LEAVING		
MAY WE USE THEM AS A REFERENCE	YES NO	YES NO



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Declaration and Acknowledgement

I/We acknowledge and understand that Lorentchia Housing Co-operative Ltd. is established for the purpose of providing housing to its members at cost, and that membership carries with it the responsibility to participate in the management, operation, and maintenance of the Co-operative.

I/We hereby acknowledge and agree that residency in Lorentchia Housing Co-operative Ltd. is contingent upon approval of membership in the Co-operative. I/We further understand and accept that, should this application advance through the selection process, I/We will be required to attend an interview as part of the membership evaluation process.

I/We declare that all information provided in this application is true, complete, and accurate to the best of my/our knowledge and belief. I/We hereby authorize the Co-operative to verify any and all information contained herein and to conduct a credit check at its discretion.

I/We understand that I/we may be required to provide written verification of income for each member of the household who receives income.

I/We acknowledge and agree that, if accepted for membership, a one-time membership fee of \$5.00 shall be payable.

I/We understand and consent that the information contained in this application may be disclosed to and reviewed by the following individuals for the purposes of processing and evaluating this application: the President, Vice President, Treasurer, Secretary, Membership Chair, Maintenance Chair, members of the Membership Committee, the Bookkeeper, the Auditor, and any legal or regulatory authority where required by law (including, for example, legal counsel or law enforcement).

I/We understand that this application will be retained on file for a period of one (1) year from the date of submission, after which time it will be securely destroyed.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

For Office Use Only:

Interviewed By: _____

On Date: _____

Board Approval: _____

Membership Fee: _____ Damage Deposit: _____ Acct Information: _____

Reference Check: _____ Landlord Check: _____ Credit Check: _____